

## Fill in this information to identify your case:

Debtor 1	<b>Elena Rivero</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	20-23069		

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 587,250.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 16,465.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 603,715.00

## Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 592,505.41
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 79,978.51
Your total liabilities		\$ 672,483.92

## Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 3,704.03
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 3,701.40

## Part 4: Answer These Questions for Administrative and Statistical Records

## 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

## 7. What kind of debt do you have?

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Elena Rivero**

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8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **2,140.08**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**From Part 4 on *Schedule E/F*, copy the following:**

**Total claim**

9a. Domestic support obligations (Copy line 6a.) \$ **0.00**

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ **0.00**

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ **0.00**

9d. Student loans. (Copy line 6f.) \$ **0.00**

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ **0.00**

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) +\$ **0.00**

9g. **Total.** Add lines 9a through 9f.

\$ **0.00**

Fill in this information to identify your case and this filing:

Debtor 1 **Elena Rivero**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number **20-23069**

☐ Check if this is an amended filing

## Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**726-728 Murray Street**

Street address, if available, or other description

**Elizabeth NJ 07202-0000**  
 City State ZIP Code

**Union**  
 County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$335,000.00</b>	<b>\$335,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

**AKA: 726 Murray Street, Elizabeth, NJ 07202**  
**One family residence**  
**Jointly owned by Elena Rivero (debtor) and Mario Rivero (debtor's deceased spouse)**  
**Purchased in March 1987 for \$126,000.00 dollars**

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**If you own or have more than one, list here:**

1.2

**7135 Collins Avenue  
Apartment#1523**

Street address, if available, or other description

**Miami Beach FL 33141-0000**

City State ZIP Code

**Miami-Dade**

County

**What is the property?** Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☒ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Condominium Unit  
 One bedroom condominium unit  
 Jointly owned by Elena Rivero (debtor) and Mario Rivero (debtor's deceased spouse)  
 Purchased in October 1994 for \$90,000.00 dollars  
 Unit is a small one bedroom condominium unit. Unit is in fair condition.  
 No substantial up-grades or improvements since unit was purchased.**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$252,250.00</b>	<b>\$252,250.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$587,250.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information: \_\_\_\_\_

**(Debtor does not currently own an automobile. Debtor is currently using a motor vehicle solely owned by her son on an as needed and flexible basis)**

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$0.00</b>	<b>\$0.00</b>

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

Debtor 1 **Elena Rivero**

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5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$0.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

**6 rooms of miscellaneous used household goods and household furnishings**

**\$8,000.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

**5 television sets  
2 cellular telephones  
1 laptop computer**

**\$1,000.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**Miscellaneous used articles of clothing and clothing accessories**

**\$900.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**Several pairs of earrings, rings, bracelets and necklaces**

**\$600.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No

Debtor 1 **Elena Rivero**

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☒ Yes. Describe.....

One pet dog

\$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ No

☒ Yes. Give specific information.....

Various used books  
Family pictures  
Wall pictures

\$100.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$10,600.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash in debtor's possession or at residence

\$15.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking Account JP Morgan Chase Bank, NA  
Elizabeth, New Jersey \$400.00

17.2. Checking Account Wells Fargo Bank, NA  
Elizabeth, New Jersey \$400.00

17.3. Checking Account TD Bank, NA  
Elizabeth, New Jersey \$200.00

17.4. Business checking account Wells Fargo Bank, NA  
Elizabeth, New Jersey  
( Business checking account for Elena and Mario Jewelry LLC) \$350.00

17.5. Business checking account TD Bank, NA  
Elizabeth, New Jersey  
( Business checking account for One Prime Financial Solutions)  
Checking account currently have a negative balance. \$0.00

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**18. Bonds, mutual funds, or publicly traded stocks**

*Examples: Bond funds, investment accounts with brokerage firms, money market accounts*

☒ No

☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**Elena & Mario Jewelry, LLC**  
**Incorporated in the State of NJ**  
**Business operates out of debtor's residence.**  
**Operated from 1992 to 2020 ( Not currently operating)**  
**Solely owned by Elena Rivero (debtor)**  
**Business operates providing retail sales of clothing, clothing accessories, and mostly costume jewelry.**  
**No real property. No accounts receivables. No large equipment.**  
**Business does have a minimal amount of inventory which is reflected on schedules.**

**100** %

**\$0.00**

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

**Pension Retirement Savings Plan**

**Pension retirement savings plan through , Teamsters Local Union No. 863, Debtor is currently receiving monthly benefits in the amount of \$2148.03 dollars per month on behalf of her deceased spouse ( Mario Rivero).**  
**ERISA qualified retirement savings plan)**

**\$0.00**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others*

☒ No

☐ Yes. .... Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

☒ No

☐ Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

Debtor 1 Elena Rivero

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☐ Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**( Debtor does not expect to receive any income tax refunds. Debtor is not owed any income tax refunds. Any income tax refunds subject to setoff for past due income tax liabilities)**

**Federal and State  
Income Tax  
Refunds**

**\$0.00**

29. **Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

30. **Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

31. **Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Term life insurance policy, No cash value.**

**Debtor's son**

**\$0.00**

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No



Debtor 1 **Elena Rivero**

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☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$1,365.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☐ No. Go to Part 6.

☒ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe.....

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

☐ No

☒ Yes. Describe.....

**Elena & Mario Jewelry, LLC**

**One desk**

**One chair**

**One file cabinet**

**\$100.00**

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☐ No

☒ Yes. Describe.....

**Elena & Mario Jewelry, LLC**

**Several racks for clothing**

**Several display cases**

**\$400.00**

**41. Inventory**

☐ No

☒ Yes. Describe.....

**Elena & Mario Jewelry, LLC**

**Inventory of clothing, pocket-books. and clothing accessories.**

**Wholesale value of current inventory, estimated**

**\$4,000.00**

**42. Interests in partnerships or joint ventures**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

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**43. Customer lists, mailing lists, or other compilations**

☒ No.

☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....

**44. Any business-related property you did not already list**

☒ No

☐ Yes. Give specific information.....

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

**\$4,500.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

☒ No

☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		<b>\$587,250.00</b>
56. Part 2: Total vehicles, line 5	<b>\$0.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$10,600.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$1,365.00</b>	
59. Part 5: Total business-related property, line 45	<b>\$4,500.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
62. Total personal property. Add lines 56 through 61...	<b>\$16,465.00</b>	Copy personal property total <b>\$16,465.00</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$603,715.00</b>

## Fill in this information to identify your case:

Debtor 1	<b>Elena Rivero</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	20-23069		

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1:** Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
726-728 Murray Street Elizabeth, NJ 07202 Union County AKA: 726 Murray Street, Elizabeth, NJ 07202 One family residence Jointly owned by Elena Rivero (debtor) and Mario Rivero (debtor's deceased spouse) Purchased in March 1987 for \$126,000.00 dollar Line from <i>Schedule A/B</i> : 1.1	\$335,000.00	<input type="checkbox"/>  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
726-728 Murray Street Elizabeth, NJ 07202 Union County AKA: 726 Murray Street, Elizabeth, NJ 07202 One family residence Jointly owned by Elena Rivero (debtor) and Mario Rivero (debtor's deceased spouse) Purchased in March 1987 for \$126,000.00 dollar Line from <i>Schedule A/B</i> : 1.1	\$335,000.00	<input type="checkbox"/>  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)

Debtor 1 **Elena Rivero**

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>7135 Collins Avenue Apartment#1523</b> <b>Miami Beach, FL 33141 Miami-Dade County</b> <b>Condominium Unit</b> <b>One bedroom condominium unit</b> <b>Jointly owned by Elena Rivero (debtor) and Mario Rivero (debtor's deceased spouse)</b> <b>Purchased in October 1994 for \$90,000.00 dolla</b> <small>Line from Schedule A/B: 1.2</small>	<b>\$252,250.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>7135 Collins Avenue Apartment#1523</b> <b>Miami Beach, FL 33141 Miami-Dade County</b> <b>Condominium Unit</b> <b>One bedroom condominium unit</b> <b>Jointly owned by Elena Rivero (debtor) and Mario Rivero (debtor's deceased spouse)</b> <b>Purchased in October 1994 for \$90,000.00 dolla</b> <small>Line from Schedule A/B: 1.2</small>	<b>\$252,250.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>6 rooms of miscellaneous used household goods and household furnishings</b> <small>Line from Schedule A/B: 6.1</small>	<b>\$8,000.00</b>	<input checked="" type="checkbox"/> <b>\$8,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>5 television sets</b> <b>2 cellular telephones</b> <b>1 laptop computer</b> <small>Line from Schedule A/B: 7.1</small>	<b>\$1,000.00</b>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Miscellaneous used articles of clothing and clothing accessories</b> <small>Line from Schedule A/B: 11.1</small>	<b>\$900.00</b>	<input checked="" type="checkbox"/> <b>\$900.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Several pairs of earrings, rings, bracelets and necklaces</b> <small>Line from Schedule A/B: 12.1</small>	<b>\$600.00</b>	<input checked="" type="checkbox"/> <b>\$600.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(4)</b>
<b>One pet dog</b> <small>Line from Schedule A/B: 13.1</small>	<b>\$0.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Various used books</b> <b>Family pictures</b> <b>Wall pictures</b> <small>Line from Schedule A/B: 14.1</small>	<b>\$100.00</b>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Cash in debtor's possession or at residence</b> <small>Line from Schedule A/B: 16.1</small>	<b>\$15.00</b>	<input checked="" type="checkbox"/> <b>\$15.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Checking Account: JP Morgan Chase Bank, NA</b> <b>Elizabeth, New Jersey</b> Line from Schedule A/B: 17.1	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking Account: Wells Fargo Bank, NA</b> <b>Elizabeth, New Jersey</b> Line from Schedule A/B: 17.2	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking Account: TD Bank, NA</b> <b>Elizabeth, New Jersey</b> Line from Schedule A/B: 17.3	<b>\$200.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Business checking account: Wells Fargo Bank, NA</b> <b>Elizabeth, New Jersey</b> <b>( Business checking account for Elena and Mario Jewelry LLC)</b> Line from Schedule A/B: 17.4	<b>\$350.00</b>	<input checked="" type="checkbox"/> <b>\$350.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Business checking account: Wells Fargo Bank, NA</b> <b>Elizabeth, New Jersey</b> <b>( Business checking account for Elena and Mario Jewelry LLC)</b> Line from Schedule A/B: 17.4	<b>\$350.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Business checking account: TD Bank, NA</b> <b>Elizabeth, New Jersey</b> <b>( Business checking account for One Prime Financial Solutions)</b> <b>Checking account currently have a negative balance.</b> Line from Schedule A/B: 17.5	<b>\$0.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Elena &amp; Mario Jewelry, LLC</b> <b>Incorporated in the State of NJ</b> <b>Business operates out of debtor's residence.</b> <b>Operated from 1992 to 2020 ( Not currently operating)</b> <b>Solely owned by Elena Rivero (debtor)</b> <b>Business operates providing retail sales of clothin</b> Line from Schedule A/B: 19.1	<b>\$0.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Pension Retirement Savings Plan:</b> <b>Pension retirement savings plan through , Teamsters Local Union No. 863, Debtor is currently receiving monthly benefits in the amount of \$2148.03 dollars per month on behalf of her deceased spouse ( Mario Rivero).</b> <b>ERISA</b> Line from Schedule A/B: 21.1	<b>\$0.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(12)</b>
<b>Pension Retirement Savings Plan:</b> <b>Pension retirement savings plan through , Teamsters Local Union No. 863, Debtor is currently receiving monthly benefits in the amount of \$2148.03 dollars per month on behalf of her deceased spouse ( Mario Rivero).</b> <b>ERISA</b> Line from Schedule A/B: 21.1	<b>\$0.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(10)(E)</b>
<b>Pension Retirement Savings Plan:</b> <b>Pension retirement savings plan through , Teamsters Local Union No. 863, Debtor is currently receiving monthly benefits in the amount of \$2148.03 dollars per month on behalf of her deceased spouse ( Mario Rivero).</b> <b>ERISA</b> Line from Schedule A/B: 21.1	<b>\$0.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. Section 541(c)(2)</b>
<b>Federal and State Income Tax Refunds: ( Debtor does not expect to receive any income tax refunds. Debtor is not owed any income tax refunds. Any income tax refunds subject to setoff for past due income tax liabilities)</b> Line from Schedule A/B: 28.1	<b>\$0.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Term life insurance policy, No cash value.</b> <b>Beneficiary: Debtor's son</b> Line from Schedule A/B: 31.1	<b>\$0.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(7)</b>
<b>Elena &amp; Mario Jewelry, LLC</b> <b>One desk</b> <b>One chair</b> <b>One file cabinet</b> Line from Schedule A/B: 39.1	<b>\$100.00</b>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Elena &amp; Mario Jewelry, LLC</b> <b>One desk</b> <b>One chair</b> <b>One file cabinet</b> Line from Schedule A/B: 39.1	<b>\$100.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Elena &amp; Mario Jewelry, LLC</b> <b>Several racks for clothing</b> <b>Several display cases</b> Line from Schedule A/B: <b>40.1</b>	<u><b>\$400.00</b></u>	<input checked="" type="checkbox"/> <u><b>\$400.00</b></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(6)</b>
<b>Elena &amp; Mario Jewelry, LLC</b> <b>Several racks for clothing</b> <b>Several display cases</b> Line from Schedule A/B: <b>40.1</b>	<u><b>\$400.00</b></u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(6)</b>
<b>Elena &amp; Mario Jewelry, LLC</b> <b>Inventory of clothing, pocket-books. and clothing accessories.</b> <b>Wholesale value of current inventory, estimated</b> Line from Schedule A/B: <b>41.1</b>	<u><b>\$4,000.00</b></u>	<input checked="" type="checkbox"/> <u><b>\$4,000.00</b></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Elena &amp; Mario Jewelry, LLC</b> <b>Inventory of clothing, pocket-books. and clothing accessories.</b> <b>Wholesale value of current inventory, estimated</b> Line from Schedule A/B: <b>41.1</b>	<u><b>\$4,000.00</b></u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1	<b>Elena Rivero</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	20-23069		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Bayview Financial Loan

Creditor's Name

Describe the property that secures the claim:

726-728 Murray Street Elizabeth, NJ  
07202 Union County  
AKA: 726 Murray Street, Elizabeth,  
NJ 07202  
One family residence  
Jointly owned by Elena Rivero  
(debtor) and Mario Rivero (debtor's  
deceased spouse)  
Purchased in March 1987 for \$1

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Mortgage

Column A

Amount of claim  
Do not deduct the value of collateral.

\$338,795.50

Column B

Value of collateral that supports this claim

\$335,000.00

Column C

Unsecured portion  
If any

\$3,795.50

Attn: Bankruptcy Dept  
4425 Ponce De Leon  
Blvd. 5th Floor  
Coral Gables, FL 33146

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number 2864



Debtor 1 **Elena Rivero** Case number (if known) **20-23069**

First Name Middle Name Last Name

2.2 **Specialized Loan Servicing/SLS** Describe the property that secures the claim: **\$76,929.00** **\$252,250.00** **\$0.00**

Creditor's Name

Describe the property that secures the claim:

**7135 Collins Avenue  
Apartment#1523 Miami Beach, FL  
33141 Miami-Dade County  
Condominium Unit  
One bedroom condominium unit  
Jointly owned by Elena Rivero  
(debtor) and Mario Rivero (debtor's  
deceased spouse)  
Purchased in October 1994 for**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Mortgage**

**Attn: Bankruptcy  
PO Box 636005  
Littleton, CO 80163**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number **5100**

2.3 **Wells Fargo Bank, NA** Describe the property that secures the claim: **\$176,780.91** **\$252,250.00** **\$1,459.91**

Creditor's Name

Describe the property that secures the claim:

**7135 Collins Avenue  
Apartment#1523 Miami Beach, FL  
33141 Miami-Dade County  
Condominium Unit  
One bedroom condominium unit  
Jointly owned by Elena Rivero  
(debtor) and Mario Rivero (debtor's  
deceased spouse)  
Purchased in October 1994 for**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Second Mortgage**

**PO Box 14529  
Des Moines, IA 50306**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number **1998**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$592,505.41**

If this is the last page of your form, add the dollar value totals from all pages.

**\$592,505.41**

Write that number here:

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debtor 1 **Elena Rivero**

First Name

Middle Name

Last Name

Case number (if known)

**20-23069**

[ ] Name, Number, Street, City, State & Zip Code  
**Bayview Financial Loan**  
**4425 Ponce De Leon Blvd**  
**Coral Gables, FL 33146**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**Bayview Loan Servicing**  
**62516 Collection Center Drive**  
**Chicago, IL 60693**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**Bayview Loan Servicing**  
**P0 Box 3042**  
**Milwaukee, WI 53201**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**Bayview Loan Servicing LLC**  
**PO Box 331409**  
**Miami, FL 33233**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**SLS**  
**PO Box 11023**  
**Orange, CA 92856**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**SLS**  
**PO Box 636005**  
**Littleton, CO 80163**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**SLS**  
**8742 Lucent Boulevard**  
**Suite 300**  
**Littleton, CO 80128**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**Specialized Loan Servicing/SLS**  
**8742 Lucent Blvd**  
**Highlands Ranch, CO 80129**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**Wells Fargo Bank**  
**P0 Box 14517**  
**Des Moines, IA 50306**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**Wells Fargo Equity Group**  
**P0 Box 31557**  
**Billings, MT 59107**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number \_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**Wells Fargo Home Loans**  
**1 Home Campus**  
**X20501-01H**  
**Des Moines, IA 50328**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number \_\_\_\_

Debtor 1 **Elena Rivero**

First Name

Middle Name

Last Name

Case number (if known)

**20-23069**

[ ]

Name, Number, Street, City, State & Zip Code

**Wells Fargo Home Mortgage**

**PO Box 10437**

**Des Moines, IA 50306**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number \_\_\_\_

[ ]

Name, Number, Street, City, State & Zip Code

**Wells Fargo Home Mortgage**

**PO Box 10355**

**Des Moines, IA 50306**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number \_\_\_\_

[ ]

Name, Number, Street, City, State & Zip Code

**Wells Fargo Home Mortgage, Inc.**

**One Home Campus**

**Des Moines, IA 50328**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number \_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Elena Rivero</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	<b>20-23069</b>		
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name	Last 4 digits of account number <b>XXXX</b>	<b>Unknown</b>	<b>Unknown</b>
	<b>PO Box 7346</b> <b>Philadelphia, PA 19114</b> Number Street City State Zip Code	When was the debt incurred?		
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
		<b>Personal income tax liabilities.</b>		

## 2.2

Number Street City State Zip Code

## Unknown

**As of the date you file, the claim is:** Check all that apply

☐ Yes

■ Disputed

☐ Other. Specify \_\_\_\_\_**Personal income tax liabilities.**

☒ Yes.

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

## 4.1

Number Street City State Zip Code

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

☐ Yes

☐ Other. Specify **Medical Debts ( for notice only)**

Total claim

**\$0.00**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.2

**American Express**

Nonpriority Creditor's Name

**Correspondence / Bankruptcy****P0 Box 981540****El Paso, TX 79998**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **9314****\$1,561.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card Debts**

4.3

**American Express**

Nonpriority Creditor's Name

**Correspondence / Bankruptcy****P0 Box 981540****El Paso, TX 79998**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **9973****\$0.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card Debts ( zero or no balance)**

4.4

**American Express**

Nonpriority Creditor's Name

**PO Box 1270****Newark, NJ 07101**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **5006****\$0.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☒ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card Debts for deceased spouse**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.5

**American Honda Finance**

Nonpriority Creditor's Name

**Attn: National Bankruptcy Center  
P0 Box 166469  
Irving, TX 75016**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5187**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **(Should be paid in full)**

4.6

**Bank of America**

Nonpriority Creditor's Name

**4909 Savarese Circle  
Tampa, FL 33634**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6570**

**\$10,100.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card Debts**

4.7

**Bloomington**

Nonpriority Creditor's Name

**Attn: Recovery "Bk"  
P0 Box 9111  
Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9321**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card Debts ( zero or no balance)**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.8

**BMW Financial Services**

Nonpriority Creditor's Name

**PO Box 9001065**

**Louisville, KY 40290**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
- ☒ Yes

Last 4 digits of account number **5572**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Debts for deceased spouse**

4.9

**Business Card Services**

Nonpriority Creditor's Name

**PO Box 23065**

**Columbus, GA 31902**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0623**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card Debts for deceased spouse**

4.1  
0

**Chase Card Services**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**PO Box 15298**

**Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4485**

**\$4,104.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card Debts**



Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.1  
1

**Chase Mortgage**

Nonpriority Creditor's Name

**Chase Records Center  
700 Kansas Lane  
Monroe, LA 71203**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6324**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Mortgage loan ( sold or transferred)**

4.1  
2

**Citibank**

Nonpriority Creditor's Name

**Centralized Bankruptcy  
P0 Box 790034  
St Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2314**

**\$10,845.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Debts**

4.1  
3

**Citibank/Best Buy**

Nonpriority Creditor's Name

**Centralized Bk Department  
P0 Box 790034  
St Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7650**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Debts ( zero or no balance)**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.1  
4

**Columbia Presbyterian Hospital**

Nonpriority Creditor's Name

**GPO**

**PO Box 26947**

**New York, NY 10087**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **XXXX**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Debts for deceased spouse**

4.1  
5

**Comenity Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**P0 Box 182125**

**Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5909**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Debts ( zero or no balance)**

4.1  
6

**Department Store National Bank/Macy's**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**9111 Duke Boulevard**

**Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3470**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Debts ( zero or no balance)**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.1  
7

**First Data**

Nonpriority Creditor's Name  
**5565 Glenridge Connector Ne  
Ste 2000  
Atlanta, GA 30342**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1000**

**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business debts**

4.1  
8

**First Electronic Bank**

Nonpriority Creditor's Name  
**Attn: Bankruptcy  
P0 Box 521271  
Salt Lake City, UT 84152**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2710**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Debts ( zero or no balance)**

4.1  
9

**Genesis Bankcard Services**

Nonpriority Creditor's Name  
**P0 Box 4477  
Beaverton, OR 97076**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2710**

**\$1,318.67**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Debts**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.2  
0

**Home Depot Credit Services**

Nonpriority Creditor's Name

**PO Box 790393**

**Saint Louis, MO 63179**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **2559**

**\$0.00**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Debts for deceased spouse**

4.2  
1

**I.C. System, Inc**

Nonpriority Creditor's Name

**P0 Box 64378**

**Saint Paul, MN 55164**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **9836**

**\$551.00**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collecting for American Anesthesiology Of New Jersey Medical Debts**

4.2  
2

**Midland Funding LLC**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**P0 Box 939069**

**San Diego, CA 92193**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **XXXX**

**\$0.00**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Debts ( for notice only)**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.2  
3

**Nissan Infinti Lt**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
8900 Freeport Parkway  
Irving, TX 75063**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?  
☐ No

☒ Yes

Last 4 digits of account number **4037**

**\$4,550.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☒ Contingent  
☐ Unliquidated  
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Deficiency as to automobile lease  
2018 Infiniti QX60**

4.2  
4

**Nissan Motor Acceptance Corporation**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
P0 Box 660360  
Dallas, TX 75266**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?  
☐ No

☒ Yes

Last 4 digits of account number **4037**

**\$5,530.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☒ Contingent  
☐ Unliquidated  
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Deficiency as to automobile lease**

4.2  
5

**Nordstrom Signature Visa**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
P0 Box 6555  
Englewood, CO 80155**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8722**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Debts ( zero or no balance)**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.2  
6

**On Deck Capital Inc.**

Nonpriority Creditor's Name

**1400 Broadway  
New York, NY 10018**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **5321**

**Unknown**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ **Business Debts**

**Potential liability as to business debts**

4.2  
7

**Overlook Hospital**

Nonpriority Creditor's Name

**PO Box 102000  
Newark, NJ 07193**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **XXXX**

**\$0.00**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ **Medical Debts ( for notice only)**

4.2  
8

**Penn Medicine**

Nonpriority Creditor's Name

**PO Box 824406  
Philadelphia, PA 19182**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **7190**

**\$3,743.84**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ **Medical Debts**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**

4.2  
9

**Penn Medicine**

Nonpriority Creditor's Name

**Patient Pay**

**PO Box 824406**

**Philadelphia, PA 19182-4406**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7190**

**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Debts**

4.3  
0

**Raymour & Flanigan**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**P0 Box 130**

**Liverpool, NY 13088**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5122**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Debts ( zero or no balance)**

4.3  
1

**Remex Inc**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**307 Wall Street**

**Princeton, NJ 08540**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5731**

**\$157.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collecting for Garden State Endoscopy-Anesthesia Medical Debts**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**4.3  
2**Simon's Agency, Inc.**

Nonpriority Creditor's Name

**Attn: Bankruptcy****P0 Box 5026****Syracuse, NY 13220**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3958****\$77.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Collecting for Summit Medical Group  
Medical Debts**4.3  
3**Square Inc.**

Nonpriority Creditor's Name

**1455 Market Street****Suite 600****San Francisco, CA 94110**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **XXXX****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Business Loans / Business Debts  
Potential liability as to business debts**4.3  
4**Synchrony Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy****P0 Box 965060****Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1033****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Credit Card Debts ( zero or no balance)**



Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**4.3  
5**TD Bank, N.A.**

Nonpriority Creditor's Name

**32 Chestnut Street****P0 Box 1377****Lewiston, ME 04243**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7814****\$756.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card Debts**4.3  
6**Torro, LLC**

Nonpriority Creditor's Name

**5965 S 900 E****Suite 300****Salt Lake City, UT 84121**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0306****Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debts  
Potential liability as to business debts**4.3  
7**Trintas Hospital**

Nonpriority Creditor's Name

**925 East Jersey Street****Elizabeth, NJ 07201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **XXXX****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Debts ( for notice only)**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**4.3  
8**VitalCap Partnes, LLC**

Nonpriority Creditor's Name

**244 5th Avenue****Suite E298****New York, NY 10001**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4319****Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business loans  
Potential liability as to business debts**4.3  
9**Wells Fargo Bank NA**

Nonpriority Creditor's Name

**Attn: Bankruptcy****1 Home Campus****Des Moines, IA 50328**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **5282****\$22,255.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card Debts**4.4  
0**Wells Fargo Bank NA**

Nonpriority Creditor's Name

**Attn: Bankruptcy****1 Home Campus****Des Moines, IA 50328**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6500****\$14,430.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card Debts**

Debtor 1 **Elena Rivero**

Case number (if known)

**20-23069**4.4  
1**Wells Fargo Bank NA**Last 4 digits of account number **5469****\$0.00**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
1 Home Campus  
Des Moines, IA 50328**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Mortgage loan ( sold or transferred)****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**AHS  
PO Box 21385  
New York, NY 10087**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**AHS  
PO Box 21385  
New York, NY 10087**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**AHS Hospital Corp.  
PO Box 35510  
Newark, NJ 07193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**American Anesthesiology of NJ PC  
PO Box 120153  
Grand Rapids, MI 49528**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**American Express  
PO Box 8218  
Mason, OH 45040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**American Express  
2965 W. Corporate Lakes Blvd.  
Fort Lauderdale, FL 33331**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**American Express  
PO Box 84058  
Columbus, GA 31908**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

**American Express**  
**PO Box 1270**  
**Newark, NJ 07101-1270**

Line **4.3** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**American Express**  
**PO Box 297812**  
**Ft. Lauderdale, FL 33329-7812**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**American Express**  
**PO Box 981537**  
**El Paso, TX 79998**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**American Honda Finance**  
**201 Little Falls Drive**  
**Wilmington, DE 19808**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Avant / Webbank**  
**Attn: Bankruptcy**  
**222 N Lasalle Street Ste 1700**  
**Chicago, IL 60601**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Bank of America**  
**Po Box 982238**  
**El Paso, TX 79998**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Bank of America**  
**PO Box 15284**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Bank of America**  
**PO Box 982235**  
**El Paso, TX 79901**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Bank of America**  
**PO Box 982238**  
**El Paso, TX 79998**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Bank of America**  
**100 N Tyon Street**  
**Charlotte, NC 28255**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Bank of America**  
**PO Box 15102**  
**Wilmington, DE 19886**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Bank of America**  
**PO Box 650260**  
**Dallas, TX 75265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

Last 4 digits of account number

Name and Address

**Best Buy**  
**PO Box 9001007**  
**Louisville, KY 40290**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Best Buy Credit**  
**PO Box 1001007**  
**Louisville, KY 40290**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Bloomington**  
**PO Box 8218**  
**Mason, OH 45040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Bloomington**  
**PO Box 4592**  
**Carol Stream, IL 60197**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**BMW Financial**  
**PO Box 78103**  
**Phoenix, AZ 85062**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**BMW Financial**  
**PO Box 78103**  
**Phoenix, AZ 85062**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Bmw Financial Services**  
**PO Box 3608**  
**Dublin, OH 43016**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Bmw Financial Services**  
**5515 Parkcenter Circle**  
**Dublin, OH 43017**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**BMW Financial Services**  
**PO Box 9001065**  
**Louisville, KY 40290**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Business Card Services**  
**PO Box 84030**  
**Columbus, GA 31908**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital Management Services**  
**698 1/2 South Ogden Street**  
**Suite 700**  
**Buffalo, NY 14206**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**Capital One Bank**  
**15000 Capital One Drive**  
**Richmond, VA 23238**

Line **4.22** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Capital One, NA**  
**Bankruptcy Dept.**  
**PO Box 5155**  
**Norcross, GA 30091**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Capital One, NA**  
**Capital One Bank (USA) N.A.**  
**PO Box 30285**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Chase**  
**PO Box 15123**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Chase Bank**  
**PO Box 659732**  
**San Antonio, TX 78265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Chase Bank**  
**PO Box 901038**  
**Fort Worth, TX 76101**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Chase bank**  
**PO Box 659409**  
**San Antonio, TX 78265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Chase Bank, NA**  
**PO Box 182051**  
**Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Chase Card Services**  
**PO Box 15369**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Chase Mortgage**  
**700 Kansas Lane**  
**Monroe, LA 71203**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citibank**  
**PO Box 6217**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citibank**  
**PO Box 6500**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Elena Rivero**Case number (if known) **20-23069****Sioux Falls, SD 57117**

Last 4 digits of account number

Name and Address

**Citibank  
P0 Box 6497  
Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Citicards  
PO Box 6500  
Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Citicorp Credit Services, Inc.  
7920 NW 110th Street  
Kansas City, MO 64153**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Clarkson & Associates  
162 North 400 East  
Suite A-204  
Saint George, UT 84770**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Clarkson & Associates LLC  
162 North 400 East  
Suite A-204  
Saint George, UT 84770**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Clarkson & Associates LLC PC  
162 North 400 East  
Suite A-204  
Saint George, UT 84770**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Client Services  
3451 Harry S. Truman Blvd.  
Saint Charles, MO 63301**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Client Services, Inc.  
3451 Harry S. Truman Blvd.  
Saint Charles, MO 63301**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Cmre Financial Services Inc  
3075 E Imperial Hwy  
Suite 200  
Brea, CA 92821**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Columbia Presbyterian Neurology  
GPO  
PO Box 26947  
New York, NY 10087**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Comenity**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**PO Box 183003  
Columbus, OH 43218**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Comenity Bank  
PO Box 182789  
Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Comenity Bank  
Attention: Bankruptcy  
PO Box 182686  
Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Complete Collection Service  
1007 N Federal Hwy #280  
Fort Lauderdale, FL 33304**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**DCM Services LLC  
7601 Penn Avenue S  
Suite A600  
Minneapolis, MN 55423**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**DCM Services LLC  
PO Box 1240  
Minneapolis, MN 55440**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Department Store National  
Bank/Macy's  
PO Box 8218  
Mason, OH 45040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Equifax  
PO Box 740241  
Atlanta, GA 30374**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Experian  
PO Box 2002  
Allen, TX 75013**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Fifth Judicial District Court  
County of Washington  
206 Tabernacle Street  
Case No. 200500306  
Saint George, UT 84770**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**First Data  
265 Broad Hollow Road  
Melville, NY 11747**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?



Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**First Data Corporation**  
**PO Box 407092**  
**Fort Lauderdale, FL 33340**

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**First Data Global Leasing**  
**4000 Coral Ridge Drive**  
**Pompano Beach, FL 33065**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**First Electronic Bank**  
**PO Box 4499**  
**Beaverton, OR 97076**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**First Electronic Bank**  
**Attn: Bankruptcy**  
**PO Box 521271**  
**Salt Lake City, UT 84152**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Garden State Endoscopy & Surgery**  
**1700 Galloping Hill Road**  
**Kenilworth, NJ 07033**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Garden State Endoscopy & Surgery**  
**PO Box 367**  
**Bellmawr, NJ 08099**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Genesis Bankcard Services**  
**PO Box 84049**  
**Columbus, GA 31908**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Home Depot Credit Services**  
**PO Box 9001010**  
**Louisville, KY 40290**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Honda**  
**National Service Center**  
**PO Box 165378**  
**Irving, TX 75016**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Honda Finance**  
**PO Box 7829**  
**Philadelphia, PA 19101-7870**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**IC Systems**  
**PO Box 64378**  
**Saint Paul, MN 55164**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**IC Systems**  
**444 Highway 96 East**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Elena Rivero**Case number (if known) **20-23069****PO Box 64887  
Saint Paul, MN 55164**

Last 4 digits of account number

**Name and Address  
internal Revenue Service  
Andover, MA 05501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
IRS  
ACS Support - Stop 5050  
PO Box 219236  
Kansas City, MO 64121**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
IRS  
PO Box 219236  
Kansas City, MO 64121**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
IRS  
PO Box 9019  
Holtsville, NY 11742**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
IRS  
PO Box 219236  
Kansas City, MO 64121**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
IRS  
PO Box 804527  
Cincinnati, OH 45280**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
Jeffrey G. Lerman, ESQ.  
170 Old Country Road  
Mineola, NY 11501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
Jeffrey G. Lerman, ESQ. PC  
170 Old Country Road  
Mineola, NY 11501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
Lending Club  
71 Stevenson Street Ste 300  
San Francisco, CA 94105**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
Lendup Card Services  
225 Bush Street Ste 1100  
San Francisco, CA 94104**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Name and Address  
Loews  
PO Box 965046  
El Paso, TX 79998**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

Name and Address  
**Lyons, Doughty , & Veldhuis, PC**  
**136 Gaither Drive, Suite 100**  
**Mount Laurel, NJ 08054**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Lyons, Doughty , & Veldhuis, PC**  
**136 Gaither Drive, Suite 100**  
**PO Box 1269**  
**Mount Laurel, NJ 08054**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Macy's**  
**PO Box 6167**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Macy's**  
**PO Box 78008**  
**Phoenix, AZ 85062**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Macy's**  
**9111 Duke Blvd.**  
**Mason, OH 45040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Macy's**  
**PO Box 8053**  
**Mason, OH 45040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Macy's Visa**  
**P0 Box 745012**  
**Cincinnati, OH 45274**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Macy's Visa**  
**P0 Box 9001108**  
**Louisville, KY 40208**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Macy's Visa**  
**PO Box 90098**  
**West Chester, OH 45071**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Midland Credit Management**  
**350 Carmino De La Reina**  
**Suite 100**  
**San Diego, CA 92108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Midland Funding**  
**Po Box 2001**  
**Warren, MI 48090**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**MRS**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**1930 Olney Avenue  
Cherry Hill, NJ 08003**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**New York Presbyterian  
PO Box 9305 GPO  
New York, NY 10087**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**New York Presbyterian  
525 East 68th Street  
Room M101  
New York, NY 10021**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**New York Presbyterian Hospital  
2020 Lindell Avenue  
Nashville, TN 37203**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nissan  
PO Box 660680  
Dallas, TX 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nissan Infiniti Lt  
Attn: Bankruptcy  
8900 Freeport Parkway  
Irving, TX 75063**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nissan Motor  
PO Box 660360  
Dallas, TX 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nissan Motor Acceptance Corp.  
PO Box 660366  
Dallas, TX 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nissan Motors  
Attn: Bankruptcy  
PO Box 371491  
Pittsburg, PA 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nissan Motors  
PO Box 650424  
Dallas, TX 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nissan Motors  
Attn: Bankruptcy  
PO Box 371491  
Pittsburg, PA 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nissan-infiniti Finance**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**Attn: Bankruptcy  
PO Box 660366  
Dallas, TX 75266**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nissan-infiniti Finance  
Attn: Bankruptcy  
PO Box 660366  
Dallas, TX 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nordstrom  
PO Box 78528  
Phoenix, AZ 85062-8528**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nordstrom Bank  
PO Box 79137  
Phoenix, AZ 85062**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Nordstrom Signature Visa  
13531 E. Caley Avenue  
Englewood, CO 80111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**NYC Finance Dept. / HPD  
PO Box 32  
New York, NY 10008**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**On Deck Capital Inc.  
C/O Celtic Bank  
268 S State Street  
Suite 300  
Salt Lake City, UT 84111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**On Deck Capital Inc.  
1400 Broadway  
New York, NY 10018**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**One Deck Capital  
901 N Stuart Street  
Suite 700  
Arlington, VA 22203**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**One Deck Capital Inc.  
901 N Stuart Street  
Suite 700  
Arlington, VA 22203**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Overlook Hospital  
PO Box 102000  
Newark, NJ 07193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

Name and Address  
**Overlook Hospital**  
**1000 American Road**  
**Morris Plains, NJ 07950**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Overlook Hospital**  
**1000 American Road**  
**Morris Plains, NJ 07950**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Penn Medicine**  
**PO Box 824406**  
**Philadelphia, PA 19182-4406**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Penn Medicine Inc**  
**PO Box 824406**  
**Philadelphia, PA 19182**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Penn Medicine Inc.**  
**Patient Pay**  
**PO Box 824406**  
**Philadelphia, PA 19182-4406**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Portfolio Recovery**  
**140 Corporate Blvd.**  
**Ste. 1**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Portfolio Recovery**  
**Attn: Bankruptcy**  
**P0 Box 41067**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Portfolio Recovery**  
**PO Box 12914**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Pressler, Felt, & Warshaw, LLP**  
**7 Entin Road**  
**Parsippany, NJ 07054**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Pressler, Felt, & Warshaw, LLP ESQ**  
**7 Entin Road**  
**Parsippany, NJ 07054**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Raymour and Flanigan Furniture**  
**P0 Box 130**  
**Liverpool, NY 13088**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

**Remex Inc**  
**307 Wall Street**  
**Princeton, NJ 08540**

Line **4.31** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Richard W Krieg, LLC**  
**17 Prospect Street**  
**Morristown, NJ 07960**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Sears Credit Card**  
**P0 Box 78051**  
**Phoenix, AZ 85061**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Sears Credit Card**  
**PO Box 6282**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Simon's Agency**  
**Attn: Bankruptcy**  
**P0 Box 5026**  
**Syracuse, NY 13220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Simon's Agency, Inc.**  
**4963 Wintersweet Drives**  
**Liverpool, NY 13088**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Square Inc. LLC**  
**1455 Market Street**  
**Suite 600**  
**San Francisco, CA 94110**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**State of New Jersey**  
**Division of Taxation**  
**Bankruptcy Section**  
**PO Box 245**  
**Trenton, NJ 08646-0245**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**State of New Jersey**  
**Division of Revenue**  
**PO Box 262**  
**Trenton, NJ 08646**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**State of New Jersey**  
**Division of Revenue**  
**PO Box 417**  
**Trenton, NJ 08646**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**State of New Jersey**  
**Division of Taxation**  
**PO Box 046**  
**Trenton, NJ 08646-0046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

Last 4 digits of account number

Name and Address

**Summit Medical Group  
75 E Northfield Road  
Livingston, NJ 07039**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Sunrise Credit Services  
P0 Box 9100  
Farmingdale, NY 11735**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Superior Court of New Jersey  
Law Division  
2 Broad Street  
Ref # L-002233-20  
Elizabeth, NJ 07207**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Superior Court of New Jersey  
Special Civil Part, Law Division  
2 Broad Street , 3rd floor  
Ref # DC-006704-20  
Elizabeth, NJ 07207**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Superior Court of NJ  
Law Division  
2 Broad Street  
Ref # L-002996-20  
Elizabeth, NJ 07207**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Synchrony Bank  
P0 Box 965036  
Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Synchrony Bank  
PO Box 530914  
Atlanta, GA 30353**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Synchrony Bank  
PO Box 960013  
Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Synchrony Bank  
P0 Box 965015  
Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Synchrony Bank  
Po Box 965015  
Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**TD Bank**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims



Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**PO Box 8400  
Lewiston, ME 04243**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Td Bank N.a.  
32 Chestnut Street  
Lewiston, ME 04240**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**TD Bank, NA  
PO Box 84037  
Columbus, GA 31908**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**TD Bank, NA  
PO Box 731  
Mahwah, NJ 07430**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**TD Banknorth  
Operations Center  
PO Box 1377  
Lewiston, ME 04243**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Td Retail Cards  
PO Box 11956  
Newark, NJ 07101**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Tenaglia & Hunt  
395 West Passaic Street  
Suite 205  
Rochelle Park, NJ 07662**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Tenaglia & Hunt PA  
395 West Passaic Street  
Suite 205  
Rochelle Park, NJ 07662**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Tenaglia and Hunt, PA  
395 West Passaic Street  
Suite 205  
Rochelle Park, NJ 07662**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Tenaglia and Hunt, PA ESQ  
395 West Passaic Street  
Suite 205  
Rochelle Park, NJ 07662**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**The Grogan Law Group  
17 Prospect Street  
Morristown, NJ 07960**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**The Grogan Law Group, LLC**  
**17 Prospect Street**  
**Morristown, NJ 07960**

Line **4.1** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Torro**  
**5965 S 900 E**  
**Suite 300**  
**Salt Lake City, UT 84121**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Torro, LLC Inc.**  
**5965 S 900 E**  
**Suite 300**  
**Salt Lake City, UT 84121**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Trans Union**  
**PO Box 1000**  
**Crum Lynne, PA 19022**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Trintas Emergency**  
**Phoenix Physicians**  
**6880 W Snowville Road #210**  
**Brecksville, OH 44141**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Trintas EMRG Solutions**  
**PO Box 8500-7316**  
**Philadelphia, PA 19178**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Trintas Hospital**  
**225 Williamson Street**  
**Elizabeth, NJ 07207**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Vital Cap Partnes**  
**244 5th Avenue**  
**Suite E298**  
**New York, NY 10001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**VitalCap Partnes LLC**  
**244 5th Avenue**  
**Suite E298**  
**New York, NY 10001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**VitalCap Partnes, LLC Inc.**  
**244 5th Avenue**  
**Suite E298**  
**New York, NY 10001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Web Bank**  
**6440 S Wasatch**  
**Suite 300**  
**Salt Lake City, UT 84121**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

Last 4 digits of account number

Name and Address

**Wells Fargo**  
**PO Box 5129**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo**  
**PO Box 5511**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Bank**  
**Attn: Collections Manager**  
**7000 Vista Drive**  
**MAC N8238-3D**  
**West Des Moines, IA 50266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Bank**  
**PO Box 28724**  
**Kansas City, MO 64118**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Bank**  
**PO Box 1225**  
**Charlotte, NC 28201-1225**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Bank**  
**PO Box 10438**  
**Des Moines, IA 50306**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Bank NA**  
**PO Box 10328**  
**Des Moines, IA 50306**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Card Services**  
**PO Box 10347**  
**Des Moines, IA 50306-0347**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Card Services**  
**PO Box 6412**  
**Carol Stream, IL 60197**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Card Services**  
**PO Box 77053**  
**Minneapolis, MN 55480**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Card Services**  
**PO Box 51193**  
**Los Angeles, CA 90051**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

Name and Address  
**Wells Fargo Financial**  
**PO Box 5943**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Wells Fargo Financial**  
**1240 Office Plaza Drive**  
**West Des Moines, IA 50266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Wells Fargo Home Loans**  
**1 Home Campus**  
**X20501-01H**  
**Des Moines, IA 50328**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Wells Fargo Home Mortgage**  
**PO Box 10437**  
**Des Moines, IA 50306**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Zwicker & Associates, P C**  
**80 Minuteman Road**  
**Andover, MA 01810**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Zwicker & Associates, PC**  
**80 Minuteman Road**  
**Andover, MA 01810**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Zwicker & Associates, PC ESQ**  
**80 Minuteman Road**  
**Andover, MA 01810**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Zwicker and Associates LLC**  
**1105 Laurel Oak Road**  
**Suite 136**  
**Voorhees, NJ 08043**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Zwicker and Associates, PC**  
**1106 Laurel Oak Road**  
**Suite 136**  
**Voorhees, NJ 08043**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1			Total Claim	
	6a. Domestic support obligations	6a.	\$	<b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$	<b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	<b>0.00</b>

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

<b>Total claims from Part 2</b>	6e. <b>Total Priority.</b> Add lines 6a through 6d.	6e.	\$ <b>0.00</b>
	6f. <b>Student loans</b>	6f.	<div style="background-color: #f2f2f2; padding: 2px; text-align: center; font-weight: bold;">Total Claim</div> <div style="text-align: right;">\$ <b>0.00</b></div>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g.	\$ <b>0.00</b>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h.	\$ <b>0.00</b>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>79,978.51</b>
	6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	6j.	\$ <b>79,978.51</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Elena Rivero</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	20-23069		
(if known)			

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.2	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.3	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.4	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.5	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	

Fill in this information to identify your case:

Debtor 1	<b>Elena Rivero</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	20-23069		

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor  
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt  
Check all schedules that apply:

3.1 **Elena & Mario Jewelry LLC**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Business debts (debtor may have personal responsibility)**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.38**  
☐ Schedule G \_\_\_\_\_  
**VitalCap Partnes, LLC**

3.2 **Elena & Mario Jewelry LLC**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Business debts (debtor may have personal responsibility)**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.36**  
☐ Schedule G \_\_\_\_\_  
**Torro, LLC**

3.3 **Elena & Mario Jewelry LLC**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Business debts (debtor may have personal responsibility)**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.33**  
☐ Schedule G \_\_\_\_\_  
**Square Inc.**

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.4 **Elena & Mario Jewelry LLC**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Business debts (debtor may have personal responsibility)**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.26**  
☐ Schedule G \_\_\_\_\_  
**On Deck Capital Inc.**

3.5 **Mario E Rivero**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Co-signed obligations with debtor's deceased spouse**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.6**  
☐ Schedule G \_\_\_\_\_  
**Bank of America**

3.6 **Mario E Rivero**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Co-signed obligations with debtor's deceased spouse**

☒ Schedule D, line **2.1**  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**Bayview Financial Loan**

3.7 **Mario E Rivero**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Co-signed obligations with debtor's deceased spouse**

☒ Schedule D, line **2.2**  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**Specialized Loan Servicing/SLS**

3.8 **Mario E Rivero**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Co-signed obligations with debtor's deceased spouse**

☒ Schedule D, line **2.3**  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**Wells Fargo Bank, NA**

3.9 **Mario E Rivero**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Co-signed obligations with debtor's deceased spouse**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.14**  
☐ Schedule G \_\_\_\_\_  
**Columbia Presbyterian Hospital**

3.10 **Mario E Rivero**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Co-signed obligations with debtor's deceased spouse**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **2.1**  
☐ Schedule G \_\_\_\_\_  
**Internal Revenue Service**

3.11 **Mario E Rivero**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Co-signed obligations with debtor's deceased spouse**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.29**  
☐ Schedule G \_\_\_\_\_  
**Penn Medicine**



Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.12 **Mario E Rivero**  
**726 Murray Street**  
**Elizabeth, NJ 07202**  
**Co-signed obligations with debtor's deceased spouse**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **2.2**  
☐ Schedule G \_\_\_\_\_  
**State of New Jersey**

In re **Elena Rivero**

Debtor(s)

Case No. **20-23069**

**SCHEDULE I - YOUR INCOME**  
**Attachment A**

Debtor's income was affected by the following events and circumstances:

- \* Debtor's spouse passed away in April 2020. Spouse did not have any insurance to support or assist debtor.
- \* Debtor is not regularly employed. Debtor has not worked regularly and or received any employment income or wages in the past twelve months or longer.
- \* Debtor is not currently operating any business. Debtor has not operated any business entity in 2020, estimated. Debtor has also not received any business income in 2020.
- \* Debtor is currently receiving retirement benefits on behalf of her deceased spouse.
- \* Debtor was previously receiving social security benefits on behalf of her deceased spouse. Debtor is currently receiving her own social security benefits.
- \* Debtor has many medical issues which affect her ability to work and earn income.
- \* Debtor's deceased spouse was also dealing with many medical issues prior to his death.
- \* Debtor is not currently renting and or receiving any income as to her Florida real property. Debtor has never rented her real property in Florida. ( condominium unit).

Fill in this information to identify your case:

Debtor 1 Elena Rivero

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number 20-23069  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status\*

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

Unemployed - Not working

Unemployed - Not working

**( Debtor is currently only receiving social security benefits and retirement pension benefits)**

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

How long employed there?

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>N/A</u>

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

		For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b>	4.	\$ <b>0.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a.	\$ <b>0.00</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b.	\$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c.	\$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d.	\$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e.	\$ <b>0.00</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f.	\$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g.	\$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: _____	5h.+	\$ <b>0.00</b>	\$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <b>0.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7.	\$ <b>0.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b.	\$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ <b>0.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d.	\$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e.	\$ <b>1,556.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g.	\$ <b>2,148.03</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify: <b>Part-time Business income ( No net business income)</b>	8h.+	\$ <b>0.00</b>	\$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ <b>3,704.03</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <b>3,704.03</b>	\$ <b>N/A</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11.	+\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12.	\$ <b>3,704.03</b>	
<b>Combined monthly income</b>			
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <b>Debtor is not currently operating any business. Debtor has several medical issues which make working regularly more difficult than usual. Debtor's spouse passed away in April 2020. Debtor may rent , Florida condominium unit, in the future to generate additional monthly income.</b>			

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**Official Form B 6I**  
**Attachment for Additional Employment Information**

<b>Debtor</b>		
Occupation	<b>Retail Sales</b>	<b>Debtor was previously operating business on a part-time and flexible basis. Debtor is not currently operating business. Debtor has not operated the business in 2020, estimated.</b>
Name of Employer	<b>Elena &amp; Mario Jewelry LLC</b>	
How long employed	<b>1992 to Present</b>	
Address of Employer	<b>726 Murray Street Elizabeth, NJ 07202</b>	

Fill in this information to identify your case:

Debtor 1 Elena Rivero

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number 20-23069  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 160.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

<b>6. Utilities:</b>								
6a. Electricity, heat, natural gas	6a. \$	<b>235.00</b>						
6b. Water, sewer, garbage collection	6b. \$	<b>45.00</b>						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>185.00</b>						
6d. Other. Specify: _____	6d. \$	<b>0.00</b>						
<b>7. Food and housekeeping supplies</b>	7. \$	<b>385.00</b>						
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>						
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>70.00</b>						
<b>10. Personal care products and services</b>	10. \$	<b>125.00</b>						
<b>11. Medical and dental expenses</b>	11. \$	<b>150.00</b>						
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>245.00</b>						
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>0.00</b>						
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>						
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	<b>95.00</b>						
15b. Health insurance	15b. \$	<b>0.00</b>						
15c. Vehicle insurance	15c. \$	<b>0.00</b>						
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>						
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Personal income tax liabilities ( Non-dischargeable)</b>								
	16. \$	<b>0.00</b>						
<b>17. Installment or lease payments:</b>								
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>						
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>						
17c. Other. Specify: _____	17c. \$	<b>0.00</b>						
17d. Other. Specify: _____	17d. \$	<b>0.00</b>						
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$	<b>0.00</b>						
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	\$	<b>0.00</b>						
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>								
20a. Mortgages on other property	20a. \$	<b>1,353.40</b>						
20b. Real estate taxes	20b. \$	<b>0.00</b>						
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>						
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>120.00</b>						
20e. Homeowner's association or condominium dues	20e. \$	<b>533.00</b>						
<b>21. Other:</b> Specify: _____	21. +\$	<b>0.00</b>						
<b>22. Calculate your monthly expenses</b>								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td><b>3,701.40</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>3,701.40</b></td> </tr> </table> </div>		\$	<b>3,701.40</b>	\$		\$	<b>3,701.40</b>
\$			<b>3,701.40</b>					
\$								
\$	<b>3,701.40</b>							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
<b>23. Calculate your monthly net income.</b>								
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>3,704.03</b>						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>3,701.40</b>						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<b>2.63</b>						

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: **Debtor has several medical issues which make some household and living expenses higher than usual. Debtor does not have regular health insurance. Debtor is not currently paying her home mortgage loan as the Elizabeth, NJ. Some monthly household and living expenses likely to increase with an increase in monthly income.**

**Fill in this information to identify your case:**

Debtor 1 Elena Rivero  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number 20-23069  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Elena Rivero  
Elena Rivero  
Signature of Debtor 1

Date 12/04/2020

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_



**Fill in this information to identify your case:**

Debtor 1 **Elena Rivero**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number **20-23069**  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:**

**Debtor 1**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

☐ Wages, commissions, bonuses, tips

☒ Operating a business

**\$0.00**

**Debtor 2**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

☐ Wages, commissions, bonuses, tips

☐ Operating a business

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For last calendar year: (January 1 to December 31, 2019 )</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$38,250.00</b>
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that: (January 1 to December 31, 2018 )</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$40,008.00</b>
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b> Retirement Pension Benefits ( Deceased Spouse)	<b>\$12,888.18</b>	Pension Retirement benefits	<b>\$8,592.12</b>
Social Security benefits	<b>\$9,768.00</b>	Social Security benefits	<b>\$6,800.00</b>
<b>For last calendar year: (January 1 to December 31, 2019 )</b> Retirement Pension Benefits ( Deceased Spouse)	<b>\$0.00</b>	Pension Retirement benefits	<b>\$25,776.36</b>
Social Security Benefits	<b>\$0.00</b>	Social Security benefits	<b>\$20,040.00</b>

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

	<b>Debtor 1</b>		<b>Debtor 2</b>	
	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2018 )	<b>Retirement Pension Benefits ( Deceased Spouse)</b>	<b>\$0.00</b>	<b>Pension Retirement benefits</b>	<b>\$25,776.36</b>
	<b>Social Security Benefits</b>	<b>\$0.00</b>	<b>Social Security benefits</b>	<b>\$19,860.00</b>

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.
- ☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
- ☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<b>Creditor's Name and Address</b>	<b>Dates of payment</b>	<b>Total amount paid</b>	<b>Amount you still owe</b>	<b>Was this payment for ...</b>
<b>Elizabethtown Gas</b> <b>PO Box 4569</b> <b>Atlanta, GA 30302</b>	<b>Within the past 90 days. Ordinary monthly payments of utilities, estimated.</b>	<b>\$625.00</b>	<b>\$0.00</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Utilities</u>
<b>Bayview Financial Loan</b> <b>Attn: Bankruptcy Dept</b> <b>4425 Ponce De Leon Blvd. 5th Floor</b> <b>Coral Gables, FL 33146</b>	<b>Within the past 90 days. Ordinary monthly payments of mortgage loan.</b>	<b>\$0.00</b>	<b>\$335,749.43</b>	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____
<b>Condominium Association Dues</b> <b>7135 Collins Avenue</b> <b>Miami Beach, FL 33141</b>	<b>Within the past 90 days. Ordinary monthly payments of condominium association dues.</b>	<b>\$1,599.00</b>	<b>\$0.00</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Condominium association dues</u>

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>Specialized Loan Servicing/SLS</b> <b>Attn: Bankruptcy</b> <b>P0 Box 636005</b> <b>Littleton, CO 80163</b>	<b>Within the past 90 days. Ordinary monthly payments of mortgage loan.</b>	<b>\$959.83</b>	<b>\$75,115.00</b>	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___
<b>Wells Fargo Bank, NA</b> <b>PO Box 14529</b> <b>Des Moines, IA 50306</b>	<b>Within the past 90 days. Ordinary monthly payments of mortgage loan.</b>	<b>\$446.98</b>	<b>\$176,780.91</b>	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
<p>8. <b>Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?</b>            Include payments on debts guaranteed or cosigned by an insider.</p> <p> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. List all payments to an insider         </p>				
Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				Include creditor's name

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Wells Fargo Bank, NA v. Elena Rivero</b> <b>DC-006704-20</b>	<b>Contract claim</b>	<b>Superior Court of New Jersey</b> <b>Special Civil Part, Law Division</b> <b>2 Broad Street</b> <b>Elizabeth, NJ 07202</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
			<b>Judgement entered for Plaintiff</b>

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Wells Fargo Bank, NA v. Elena Rivero</b> <b>L-002233-20</b>	<b>Contract claim</b>	<b>Superior Court of New Jersey</b> <b>Law Division</b> <b>2 Broad Street</b> <b>Elizabeth, NJ 07202</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded  <b>Judgement entered for Plaintiff</b>
<b>AHS Hospital Corporation v. Elena Rivero</b> <b>DC-015918-19</b>	<b>Contract claim</b>	<b>Superior Court of New Jersey</b> <b>Special Civil Part, Law Division</b> <b>2 Broad Street</b> <b>Elizabeth, NJ 07202</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded  <b>Dismissed by court</b>
<b>Torro, LLC v. Elena Rivero, et als.</b> <b>Case No. 200500306</b>	<b>Contract claim</b>	<b>Fifth Judicial District Court</b> <b>County of Washington</b> <b>206 Tabernacle Street</b> <b>Saint George, UT 84770</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded  <b>Judgement entered for Plaintiff</b>

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
<b>BMW Financial Services</b> <b>PO Box 9001065</b> <b>Louisville, KY 40290</b>	<b>Unknown deficiency relating to return of leased automobile</b>  <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	<b>Within the past one year, estimated</b>	<b>Unknown</b>
<b>Nissan Motor Acceptance Corporation</b> <b>Attn: Bankruptcy</b> <b>P0 Box 660360</b> <b>Dallas, TX 75266</b>	<b>Unknown deficiency as to automobile lease</b>  <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	<b>Within the past one year, estimated</b>	<b>Unknown</b>

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Raymond and Raymond, Attorneys At Law

Attn: Herbert B. Raymond, ESQ.

7 Glenwood Avenue

Suite 408, 4th Floor

East Orange, NJ 07017

herbertraymond@gmail.com

Court filing fees of \$335.00 dollars.  
Seventy-four dollars for credit report / liability report.  
Legal fees of \$872.00 dollars.

November 2020

\$1,281.00

Access Counseling, Inc.

633 West 5th Street

Suite#26001

Los Angeles, CA 90071

www.accesscounselinginc.org

\$8.95 dollars for court required credit counseling course.  
\$9.95 dollars for court required financial management course.

November 2020  
December 2020

\$18.90

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<b>Mack Appraisal Service, LLC</b> <b>39 Whitfield Place</b> <b>Caldwell, NJ 07006</b> <b>mackappraisal@gmail.com</b>	<b>\$150.00 dollars for real property appraisal.</b>	<b>September 2020</b>	<b>\$150.00</b>

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<b>Wells Fargo Bank, NA</b> <b>Elizabeth, NJ 07201</b>	<b>XXXX-XXXX</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	<b>Business checking account Closed in the past one year, estimated \$0.00 dollars, estimated as final balance when closed.</b>	<b>\$0.00</b>

Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☐ No

☐ Yes. Fill in the details.

Name of Financial Institution

Address (Number, Street, City, State and ZIP Code)

Who else had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☐ No

☐ Yes. Fill in the details.

Name of Storage Facility

Address (Number, Street, City, State and ZIP Code)

Who else has or had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No

☐ Yes. Fill in the details.

Owner's Name

Address (Number, Street, City, State and ZIP Code)

Where is the property?

(Number, Street, City, State and ZIP Code)

Describe the property

Value

### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☐ No

☐ Yes. Fill in the details.

Name of site

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

☐ No

☐ Yes. Fill in the details.

Name of site

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice



Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

**Part 11:** Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
Elena & Mario Jewelry, LLC 726 Murray Street Elizabeth, NJ 07202	Elena & Mario Jewelry, LLC Incorporated in the State of NJ Business operates out of debtor's residence. Solely owned by Elena Rivero (debtor) Business provides retail sales of clothing, clothing accessories, and mostly costume jewelry. No real property. No accounts receivables. No large equipment.  Best Solutions Tax & Bookkeeping Services 6210 Kennedy Blvd. West new York, NJ 07093 EIN # 47-5153301 Phone # 888-320-5556	EIN: XXX-XX-3194  From-To 1992 to 2020 ( Not currently operating)

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

<b>Business Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Describe the nature of the business</b> <b>Name of accountant or bookkeeper</b>	<b>Employer Identification number</b> <b>Do not include Social Security number or ITIN.</b>
<b>One Prime Financial Solutions, LLC</b> <b>726 Murray Street</b> <b>Elizabeth, NJ 07202</b>	<b>Incorporated in the State of NJ</b> <b>Business operated out of debtor's residence.</b> <b>Solely owned by Elena Rivero (debtor)</b> <b>Business operated providing sales of credit card processing and merchant business services.</b> <b>No real property. No accounts receivables. No large equipment.</b> <b>Business never actually operated.</b>  <b>Best Solutions Tax &amp; Bookkeeping Services</b> <b>6210 Kennedy Blvd.</b> <b>West new York, NJ 07093</b> <b>EIN # 47-5153301</b> <b>Phone # 888-320-5556</b>	<b>Dates business existed</b> <b>EIN: XXX-XX-3194</b> <b>From-To 2017 to 2020 ( Never operated. Not currently operating)</b>

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

<b>Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Date Issued</b>
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Debtor 1 Elena Rivero

Case number (if known) 20-23069

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Elena Rivero

Elena Rivero

Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2

Date 12/04/2020

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Elena Rivero**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number **20-23069**  
(if known)

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
<p>Creditor's name: <b>Bayview Financial Loan</b></p> <p>Description of property securing debt: <b>726-728 Murray Street Elizabeth, NJ 07202 Union County AKA: 726 Murray Street, Elizabeth, NJ 07202 One family residence Jointly owned by Elena Rivero (debtor) and Mario Rivero (debtor's deceased spouse) Purchased in March 1987 for \$1</b></p>	<p><input type="checkbox"/> Surrender the property.</p> <p><input type="checkbox"/> Retain the property and redeem it.</p> <p><input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i>.</p> <p><input type="checkbox"/> Retain the property and [explain]:</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>
<p>Creditor's name: <b>Specialized Loan Servicing/SLS</b></p> <p>Description of property securing debt: <b>7135 Collins Avenue Apartment#1523 Miami Beach, FL 33141 Miami-Dade County Condominium Unit One bedroom condominium unit</b></p>	<p><input type="checkbox"/> Surrender the property.</p> <p><input type="checkbox"/> Retain the property and redeem it.</p> <p><input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i>.</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

property **Jointly owned by Elena Rivero**  
securing debt: **(debtor) and Mario Rivero**  
**(debtor's deceased spouse)**  
**Purchased in October 1994 for**

☐ Retain the property and [explain]:

Creditor's name: **Wells Fargo Bank, NA**

Description of property securing debt: **7135 Collins Avenue**  
**Apartment#1523 Miami Beach,**  
**FL 33141 Miami-Dade County**  
**Condominium Unit**  
**One bedroom condominium**  
**unit**  
**Jointly owned by Elena Rivero**  
**(debtor) and Mario Rivero**  
**(debtor's deceased spouse)**  
**Purchased in October 1994 for**

☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a  
*Reaffirmation Agreement.*  
☐ Retain the property and [explain]:

☐ No  
☒ Yes

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal

Debtor 1 Elena Rivero

Case number (if known) 20-23069

property that is subject to an unexpired lease.

X /s/ Elena Rivero  
Elena Rivero  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date 12/04/2020

Date \_\_\_\_\_

In re **Elena Rivero**

Debtor(s)

Case No. **20-23069**

**STATEMENT OF CURRENT MONTHLY INCOME AND MEANS TEST CALCULATION**  
**Attachment A**

Debtor's spouse passed away in April 2020. Deceased spouse's income is not reflected on form B-22.

Fill in this information to identify your case:

Debtor 1 Elena Rivero

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 20-23069  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income**

**1. What is your marital and filing status?** Check one only.

☐ **Not married.** Fill out Column A, lines 2-11.

☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.

☒ **Married and your spouse is NOT filing with you. You and your spouse are:**

☒ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.

☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>2. Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>3. Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>5. Net income from operating a business, profession, or farm</b>		
	<b>Debtor 1</b>	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
<b>6. Net income from rental and other real property</b>		
	<b>Debtor 1</b>	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
<b>7. Interest, dividends, and royalties</b>	\$ <u>0.00</u>	\$ <u>0.00</u>



Debtor 1 **Elena Rivero**Case number (if known) **20-23069**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ <b>0.00</b>	
For your spouse	\$ <b>0.00</b>	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ <b>2,140.08</b>	\$ <b>0.00</b>
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..	\$ <b>0.00</b>	\$ <b>0.00</b>
	\$ <b>0.00</b>	\$ <b>0.00</b>
Total amounts from separate pages, if any.	+ \$ <b>0.00</b>	\$ <b>0.00</b>
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>2,140.08</b>	+ \$ <b>0.00</b>
	= \$ <b>2,140.08</b>	
	Total current monthly income	

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** \$ **2,140.08**

Multiply by 12 (the number of months in a year) **x 12**

12b. The result is your annual income for this part of the form 12b. \$ **25,680.96**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **NJ**

Fill in the number of people in your household. **2**

Fill in the median family income for your state and size of household. 13. \$ **87,432.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Elena Rivero****Elena Rivero**

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

Signature of Debtor 1

Date **12/04/2020**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

## Current Monthly Income Details for the Debtor

### Debtor Income Details:

Income for the Period **05/01/2020** to **10/31/2020**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Unemployed - Not working**

Year-to-Date Income:

Starting Year-to-Date Income: **\$0.00** from check dated **4/30/2020**.

Ending Year-to-Date Income: **\$0.00** from check dated **10/31/2020**.

Income for six-month period (Ending-Starting): **0.00**.

Average Monthly Income: **\$0.00**.

Remarks:

**Debtor is not receiving any unemployment benefits or other assistance.**

**Debtor has not worked and or earned any employment income, in the six month period, prior to filing of the petition.**

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Elena & Mario Jewelry , LLC**

Constant income of **0.00** per month.

Constant expense of **0.00** per month.

Net Income **0.00** per month.

Remarks:

**Debtor is not currently operating business.**

**Debtor was previously operating business on a part-time and flexible basis.**

**Debtor has not operated business in the past six months or longer.**

**Debtor has not received and or collected any business income during the six month period prior to filing of the petition.**

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: **One Prime Financial Solutions, LLC**

Constant income of **0.00** per month.

Constant expense of **0.00** per month.

Net Income **0.00** per month.

Remarks:

**Debtor is not operating this business. Debtor has never operated business.**

**Debtor did not receive any business income or other income, from this business, in the six month period prior to filing of the petition.**

#### Line 9 - Pension and retirement income

Source of Income: **Pension Retirement Benefits**

Constant income of **\$2,140.08** per month.

Remarks:

**Debtor is currently receiving, pension retirement benefits, on behalf of her deceased spouse. Net monthly pension retirement benefits as received by debtor.**

**Debtor began, to receive deceased spouse's, monthly pension retirement benefits in May 2020, estimated.**

#### Non-CMI - Social Security Act Income

Source of Income: **Social Security Benefits**

Income by Month:

6 Months Ago:	<b>05/2020</b>	<b>\$1,700.00</b>
5 Months Ago:	<b>06/2020</b>	<b>\$1,700.00</b>
4 Months Ago:	<b>07/2020</b>	<b>\$1,700.00</b>
3 Months Ago:	<b>08/2020</b>	<b>\$1,556.00</b>
2 Months Ago:	<b>09/2020</b>	<b>\$1,556.00</b>
Last Month:	<b>10/2020</b>	<b>\$1,556.00</b>
Average per month:		<b>\$1,628.00</b>

Remarks:

**Debtor is currently receiving social security benefits.**

**Net monthly social security benefits as received by debtor.**

**Debtor was previously, receiving social security benefits, on behalf of her deceased spouse.**

Debtor 1 **Elena Rivero**

Case number (if known) **20-23069**

**Debtor began to receive her own social security benefits as of August 2020, estimated.**

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,  
and

Your debts are primarily consumer debts.  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

\$245	filing fee
\$78	administrative fee
+	\$15 trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
<http://www.uscourts.gov/forms/bankruptcy-forms>

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.



B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
District of New Jersey**

In re **Elena Rivero**

Debtor(s)

Case No. **20-23069**

Chapter **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>872.00</b>
Prior to the filing of this statement I have received .....	\$	<b>872.00</b>
Balance Due .....	\$	<b>0.00</b>

2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. [Other provisions as needed]

**ASSIGNMENT OF FUNDS:**

**Irrevocable Assignment of Legal Fees and/or Costs:** The Debtor, by signing this statement, assigns his/her/their interest, in the funds held by the Trustee, to the extent Counsel is still owed legal fees or expenses. You hereby irrevocably assign to us your interest in all payments made to the Chapter 13 Trustee, to the extent of any balance due, subject to Court approval of such fees and/or expenses. If your case is dismissed, or converted before our fees and/or expenses are paid in full, you agree to allow the Chapter 13 Trustee to pay the balance due to us directly from funds that would otherwise be returned to you, subject to Court approval of the fees and/or expenses. This means that if the Chapter 13 Trustee is holding funds, from payments that you made into the case, at the time the case is converted or dismissed, you have agreed that those funds are assigned to us and that such funds will be paid to our firm on account of legal fees and/or costs still due and owing.

By signing this agreement, you agree to the fee structure and to the assignment of Legal Fees and/or Costs in the case.

Signed debtor:

Dated debtor:

Raymond & Raymond, Attorneys at Law

Herbert B. Raymond, Esq.

7 Glenwood Avenue, 4th Floor

East Orange, NJ 07017

Telephone: 973-675-5622

Telefax: 1-408-519-6711

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**  
**\*Representation relating to loan modifications or filing of motion to approve loan modification.**  
**\*Representation relating to preparation and filing of reaffirmation agreements.**  
**\*Additional fees will apply if this case is converted to another chapter.**  
**\*Additional fees and fee applicators maybe charged for continuing legal services.**

In re **Elena Rivero**

Debtor(s)

Case No. **20-23069**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

\* Debtors agree by reviewing this document and it being filed with court that they are in agreement and responsible for all legal fees and additional charges. Debtors agree that they are responsible for all legal fees, charges and court fees even if case is dismissed, converted and or they decide not to proceed. With respect to the legal fee, I/We understand that the legal fee covers services rendered only before the filing and includes one appearance at the 341a hearing (additional appearances for whatever reason, are not included in the fee) and an appearance at the confirmation hearing and any incidental services. It does not cover any services to be rendered to the Debtor after the filing. Thus, it does not cover any fee, including but, not limited to, avoidance of a judgment lien(s), strip-off of mortgage, discharge of mortgage upon plan completion, defense of adversary proceedings, defense of stay relief motions or default certification(s), trustee motions to dismiss or default certification(s), filing of modified plans, amended schedules, loss mitigation or any procedure associated with loss mitigation or any other events that arise after the filing, etc. Any such fee is to be charged to the Debtor pursuant to the Court's supplemental fee schedule in most cases. In very complicated or time consuming situations, the fee charged may be on an hourly basis. The Debtor consents to the fees to be charged and the attorney will represent the Debtor and charge the Debtor pursuant to the supplemental fee schedule, with the legal fees in most cases, to be added to the plan, unless the Debtor notifies the firm otherwise. The additional fee may result in an increase in the Debtor's plan payment. The Debtor is responsible for payment of any actual cost. This fee arrangement does not apply to any appeal which must be the subject of a separate fee arrangement

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**12/04/2020**

*Date*

**/s/ HERBERT B. RAYMOND, ESQ.**

**HERBERT B. RAYMOND, ESQ. HR#1379**

*Signature of Attorney*

**HERBERT B. RAYMOND, ESQ.**

**7 GLENWOOD AVENUE**

**SUITE 408**

**EAST ORANGE, NJ 07017**

**973-675-5622 Fax: 408-519-6711**

**HERBERTRAYMOND@GMAIL.COM**

*Name of law firm*

**United States Bankruptcy Court  
District of New Jersey**

In re **Elena Rivero**

Debtor(s)

Case No. **20-23069**

Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **12/04/2020**

**/s/ Elena Rivero**

**Elena Rivero**

Signature of Debtor